

<b>Case Number:</b>	CM14-0214867		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female, with a reported date of injury of 01/03/2011. The results of the injury were low back pain, bilateral leg pain, depression, and sleep disturbance. The current diagnoses include lumbar herniated nucleus pulposus, and status post fusion. The past diagnoses include low back pain status post disc herniation, spondylosis, and subsequent fusion. Treatments have included physical therapy, bone stimulator; Flexeril, Norco, lumbar fusion, chiropractic care, and acupuncture. The progress report (PR-2) dated 12/01/2014 indicates that the injured worker had consistent pain in the bilateral legs. The objective findings included positive straight leg raise, positive paraspinal spasm, positive radiculitis of the bilateral legs, and positive bilateral leg numbness. The treatment plan included Flexeril 10mg and Norco 10/325mg. The acupuncture, physical therapy, and chiropractic care reports were not included in the medical records provided for review. On 12/09/2014, Utilization Review (UR) provided a modified certification for Norco 10/325mg #60 and Flexeril 10mg #30. The UR physician noted that the documentation did not indicate that the injured worker had a sufficient decrease in her pain level and increase in functional improvement with the use of her medications; there has been a continuation of lumbar paraspinal spasms; and no indication that the medication reduced the spasms or improved the injured worker's quality of life and ability to function at a higher level. The Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): pgs 74-96. Decision based on Non-MTUS Citation ODG - Opioids, Pain

**Decision rationale:** ODG does not recommend the use of opioids "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Norco 10/325mg #90 with 3 refills is not medically necessary.

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics, Page(s): page 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation ODG - Pain, Cyclobenzaprine (Flexeril®) : UpToDate, Flexeril

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Flexeril (Cyclobenzaprine), "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants

should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 10mg #30 is not medically necessary.